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DEHLINGER & ASSOCIATES
P O BOX 60850
PALO ALTO CA 94306

HM31/0218

FEB 22 1998

DEHLINGER & ASSOCIATES, LLP

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Judy M. Mohr

(Depositor's name)

Judy Mohr

(Signature)

15 May 1998

(Date)

APPLICATION NO.	FILING DATE	TOTAL CLAIMS	EXAMINER AND GROUP ART UNIT	DATE MAILED
08/496,847	06/27/95	007	DAVENPORT, A 1654	02/18/98

GARY A.

First Named Applicant
AMSTUTZ,

TITLE OF INVENTION
STABLE OMEGA CONOPETIDE FORMULATIONS (AS AMENDED)

ATTYS DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL ENTITY	FEE DUE	DATE DUE
1 5865-0009.31	514-012.000	A70	UTILITY	NO	\$1320.00	05/15/98

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Peter J. Dehlinger

2 Carol A. Stratford

3

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE
Neurex Corporation

(B) RESIDENCE: (CITY & STATE OR COUNTRY)

Menlo Park, CA

Please check the appropriate assignee category indicated below (will not be printed on the patent)

☐ individual ☒ corporation or other private group entity ☐ government

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The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above.

(Authorized Signature)

(Date)

Judy Mohr

5/15/98

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